HASHISH AND DRUG ABUSE IN EGYPT DURING THE 19TH AND 20TH CENTURIES*

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USE of cannabis (hashish) in Egypt as an intoxicant was first reported in the 11th century, more than 500 years after the death of the prophet Mohamed (A.D. 615), when Islam had already reached the apogee of its power. During succeeding centuries consumption of this drug had become ingrained among the people in spite of repeated attempts by the rulers of the country to curtail its spread.[1]

When Napoleon conquered Egypt in 1798-1800 by defeating the Mamluks, the prevalence of hashish use was a shock. As one of his officers observed: "The mass of the male population is in a perpetual state of stupor!" Determined to protect his soldiers, Napoleon issued a terse decree: "The use of a strong liquor made by some Moslems with a certain weed called hashish as well as the smoking of the flowering tops of hemp are forbidden in all of Egypt."[2] Any cafes or restaurants serving these preparations were to be walled up and their proprietors imprisoned for three months. Justification for the decree was that "habitual smokers and drinkers of the plant lose their reason and suffer from violent delirium in which they are liable to commit excesses of all kinds."[3] However, shortly after issuing the ban on hashish, Napoleon and his expeditionary force retreated from Egypt under pressure from the Turks and the British. The local government rescinded his decree, and the use of hashish prevailed again.

Europeans traveling in Egypt early in the 19th century reported heavy hashish use among the people. A Briton wrote that the drug was widely used not only by the lower classes but by literary men and theologians.[4] A French physician who lived in Egypt at about the same time claimed that hashish was used to good effect in the treatment of bubonic plague. He also

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observed that the plant was grown locally.[5] Another French physician, Moreau (the founding father of psychopharmacology), studied the effects of hashish consumption on the Egyptian population. In an 1843 paper, "Research on the Insane in the Orient," he reported the following observations: "One of the determining causes of insanity among Orientals is the use (that is to say excessive use) of a certain botanical preparation by the name of *hashish*," and "the consequence of the prolonged use of this preparation is a sort of combination of madness and reason, a predisposition to hallucinations analogous to no other known type of mental alienation."[6] Moreau described users as in a "state of constant dowsiness, stupor, and as a consequence lacking spontaneity of action, will power, and the ability to make decisions."[7] But Moreau stressed that such extreme conditions were due to excessive use over a number of years. Unlike Napoleon, who had feared the effects of hashish on the mental alertness of his soldiers, Moreau regarded the drug as a "marvelous substance to which Orientals owe indescribable delights: wine and liquors are a thousand times more dangerous."[8] Even though he observed that many Moslems ate hashish and that a great number were addicted, Moreau underestimated its undesirable mental and social effects on the native population as a whole.

Restrictive Laws of the Ottoman Empire

In contrast with Moreau's attitude, Egyptian authorities were to become more and more concerned about the damage due to hashish use. For example, Dr. Mohammed Ali Bey, a health official, in 1868 reported on the many accidents caused by the abuse of hashish.[9] Wise, an asylum superintendent, claimed that hashish was the most frequent factor in admission for insanity in the asylum at Cairo.[10] Even the leaders of the Ottoman Empire were concerned enough to impose a ban in Egypt on importation and cultivation of hashish (1877). Any supplies of the drug were to be seized and destroyed; although the ban on cultivation was enforced, such was not the case for the contraband trade, mostly from Greece, which actually increased.

The British replaced the Turks as protectors of the khedive of Egypt in 1882, and inherited the knotty problem of controlling the widespread addiction to hashish. "The authorities had become increasingly worried by the number of young men who took to smoking opium or hashish, deserting families, jobs and society."[11] In view of the difficulties of suppressing the contraband hashish trade, the British director general of customs in Egypt, a

Mr. Caillard, proposed instead that the government profit from the trade by legalizing it. "It has been abundantly proved that the vice of hashish smoking cannot be suppressed by legislation, whereas by a system of licenses it may be kept under control to some extent."[12] Further bowing to expediency, Mr. Caillard decided to sell the government's stock of hashish abroad instead of destroying it and to divide the proceeds among those informers and officers involved in the confiscation. This gesture was rendered necessary "by the absence of any funds from which rewards could be distributed" and in the hope of offsetting the bribes from smugglers who "could pay large sums in exchange for the complicity of customs officers and others."[13] In actual fact, however, this system merely resulted in a recycling of hashish since the original importers were the purchasers. The drug syndicate also had little difficulty exceeding any "official" reward given to customs officers and informers!

Another law ordered the closing of the places known as *Mashashas*, where hashish was smoked. But enforcement was sporadic; nearly 30 years later, a physician, Dr. El Guindy, remarked that the *mashashas* were still being "mercilessly" closed down by the police.[14] The quantity of hashish consumed annually was estimated in 1893 as not less than 140,000 pounds (65 tons). Assuming an average consumption of 1 gram a day for the hashish habitué, this amount would supply 172,000 consumers, representing less than 5% of the male adult population and less than 1% of the total population (for comparison, the number of *cannabis* smokers in the United States in 1980 was estimated to be from 10 to 20% of the entire population).

Because restrictive measures against hashish consumption were not associated with a policy aimed at decreasing the demand, they had little effect. The import duty and sales tax increased smuggling to urban centers. An international syndicate with the power to corrupt public officials was able to provide hashish at a price that met the demand. The farmers in Egypt, however, felt the burden of what restrictions there were because the ban on cultivation was more readily enforced due to the limited amount of arable land.

The first documented evidence that associated chronic hashish use with mental illness came in 1895 from the medical director of the Egyptian Hospital for the Insane in Cairo, Dr. J. Warnock. He reported that the cause of 15% of all admissions to his hospital was due to hashish use and another 15% to a combination of hashish and alcohol. He also noted that hashish smoking was predominantly a male habit. "I have no doubt," he said, "that

in quite a considerable number of cases hashish is the chief, if not the only cause of mental disease."[15]

At the end of the 19th century, 12 million Egyptians, most of them illiterate laborers, still toiled under the yoke of a foreign power. For many of them, hashish was the one way to escape the dreary round of their daily lives. The other black drug, opium, was also cultivated and smoked but was not considered as serious a problem as hashish.

The Turn of the Century and Thomas Russell

Such was the prevailing situation at the turn of the 19th century when a young British civil servant, Thomas Wentworth Russell, began service as a customs officer in Egypt. Little did he suspect he would take up a crusade lasting nearly 50 years! His memoir of the period, *Egyptian Service, 1904-46*,[16] is a fascinating and prophetic document, required reading for an understanding of the dramatic history of drug abuse control in our time.

Russell's first task was to deal with the perennial problem of hashish and opium consumption. Later, however, he became entirely preoccupied with a major epidemic of "white drugs"—cocaine and heroin. Russell spearheaded the fight against the spread of these drugs that were ruining a nation to which he had become deeply attached. Although his persistent efforts on the local scene and in international conclaves were successful in stemming the consumption of cocaine and heroin, they were less effective regarding the control of hashish use.

Russell's Crusade: The Early Years, 1904-20

Russell began his career at a time when the prevailing British attitude toward drug use was benign. In fact, until the end of World War I there was no need for drastic narcotic legislation. Hashish was the principal drug consumed in Egypt, mainly by the urban poor. In the country, the occasional user was looked upon

> "in the same good-natured way as the local drunkard would be in England.... During my years in the provinces, I hardly came across the drug problem at all, for the simple reason that it did not exist except in the slums of a few of the bigger towns. The fellahin were healthy and happy and needed no stimulant to help them through their labours in the fields or their duties to their womenfolk at home....[17]

A French adventurer and hashish smuggler, Henri de Monfried, expressed a similar view, no doubt with a vested interest, however:

> Hashish in Egypt is not a distinguished drug. It is distinctly a popular poison. To the

> fellah who consumes it, hashish smoking is a daily habit, as customary and essential as the very food he eats. [He] relies on its stimulating properties to compensate for underfeeding and to combat fatigue. Generally speaking, he uses it with modération; the "hashish drunkard" with his hallucinations and delirium is the exception.[18]

Monfried admitted, however, that "the high price of hashish prevented the fellah from consuming large amounts, had he so desired."

Bringing contraband hashish shipments into Egyptian ports posed little difficulty for Monfried, although he ungratefully complained that customs and police officers were in collusion with the all-powerful syndicate.

> Practically all the hashish smuggled into Egypt by various underground routes passed through the hands of a powerful syndicate with officers in Alexandria and Cairo. Greeks, Cretans and Egyptians made up the mysterious organization. Englishmen figured as subordinates or as high-placed and consequently anonymous complicities. Among the chiefs of the customs and police, the syndicate counted powerful friends. How else, indeed, account for its immunity? During my whole experience with the hashish trade, I never heard of the Egyptian customs making a single important capture. Its officials never interfered with the widespread activity of the hashish syndicate; their exploits were limited to picking up an occasional little fellow.[19]

Indeed, small amounts confiscated by customs and coast guard validate Monfried's criticisms: only 21 tons between 1919 and 1924, or 4.2 tons a year, a mere fraction of what was actually smuggled in for general consumption, estimated at 65 tons.

Perhaps one explanation for Russell's lack of serious concern about hashish is that he was not closely involved with the Egyptian people nor did he have a profound knowledge of their history. An outsider, Russell regarded chronic hashish intoxication as one expression of the oriental's languid and dreamy temperament. Consequently, he favored a laissez-faire attitude similar to that of the British in India. As a realist, Russell felt he was in no position to impose on the natives an Anglo-Saxon mode of life in which hashish played no part.

Russell's attitude is in direct contrast to Egyptian officials and even a fellow Englishman, Malcolm Muggeridge, who has commented on the profoundly erosive effects of hashish in an autobiography dealing with the same period. He describes his students at the University of Cairo as appearing "far away, lost in some dream of erotic bliss; a consequence no doubt in the case of many of them, of their addiction to hashish, widespread among the effendi (landowner) class and prevalent among the fellahin (farmers), particularly the ones who had moved to the towns."[20] The Egyptian view of the problem is best expressed by one of its leaders, Dr. El Guindy, who, before the League of Nations, clearly described hashish as a social evil.[21]

Outbreak of Cocaine and Heroin epidemic, 1916-25

During World War I, which brought great affluence to Egypt, widespread use of cocaine and heroin eclipsed hashish as cause for concern. This white drug use spread rapidly from its beginnings among the privileged of the cities to the entire country. Anyone could purchase white drugs without prescription in a pharmacy, and the price was reasonable: pure cocaine for 75 Egyptian pounds per kg ($300), and heroin for 120 pounds per kg ($480). Since there was no legislation forbidding their sale or use, people consumed the drugs openly.[22]

White drugs were imported from Europe, mainly France, Austria, and Switzerland. In these countries a burgeoning pharmaceutical industry was looking for new markets overseas. Any restrictive legislation was directed only toward domestic consumption, not manufacturing and export. Large amounts of the heroin thus produced found its way to Egypt. One French manufacturer produced in one year two and a half times the estimated amount of heroin needed for the whole world's addict population.[23] In such a permissive milieu, even opium cultivation increased considerably in Egypt: from 388 acres in 1912 to 2,480 acres in 1923, producing 11.2 tons of raw opium.[24]

The rapid and unprecedented popularity of heroin and cocaine demonstrate that such drugs possess considerable reinforcing and addictive properties. Russell described a visit to an apothecary shop in Cairo which sold heroin:

> This man soon had a nightly queue of carriages waiting outside.... At this time the inspection of pharmacies was outside police competence. It was not long before apothecaries coveted those profits, and the number of purveyors and addicts continually increased. Prices were low, a shot cost only a few shillings (50¢), and the trade kept the price down until the vice had spread and caught large numbers of the population in its grip. We even had instances of contractors paying their laborers in heroin....[25]

Russell made a dramatic appeal to the authorities through a press release in 1924,

> The Egyptian nation is being ruined by cocaine and heroin. Never before has a vice or disease seized upon its victim like the drug habit has upon Egypt. Owing to the absence of efficient legislation the police are still powerless to stop the illicit traffic in drugs.... Why should Egypt be the only country in the world that allows a few traffickers to make their fortunes by poisoning her sons and her daughters? The drug is now speeding through the villages and seizing upon the fellahin like measles did upon the islanders of the South Seas. Give me the law supported by the goodwill of the country and Egypt can still be saved.[26]

Meanwhile, Russell's concern about white drugs did not spill over into a campaign against black ones, mainly hashish. According to Russell's biographer, Baron d'Erlanger, "Russell was seriously considering some form of government monopoly whereby hashish would be grown domestically and its smoking would be licensed and made to produce revenue for the Egyptian government, instead of costing enormous sums for the prohibition and, in addition, draining the country of the money which was sent abroad to pay for the foreign grown material."[27] Native Egyptian authorities found Russell's ideas unacceptable. They remained concerned about the harmful effects of hashish and their official policy made no distinction between white or black drugs and imposed similar penalties on all offenders.

At the Second International Opium Conference of the League of Nations in Geneva (1924), the chief Egyptian delegate, Dr. El Guindy, led a vigorous campaign to include hashish on the list of "narcotic" drugs subject to interational control. Thanks to his efforts, the final convention approved the following resolutions:

> (1) To impose internal control over galenical preparations (extracts and tinctures) of Indian hemp (defined as "the dried flowering or fruiting tops of the pistillate plant *cannabis sativa* from which the resin has not been extracted, under whatever name may be designated in commerce.") (Articles 4,5, and 6);
>
> (2) To impose import/export control over Indian hemp and any preparations of which the resin forms the base (i.e., hashish, esrar, charas, djamba) to countries which have prohibited its use, and in cases where export is permitted, to require the production of an import certificate stating that the importation is approved for natural or scientific purposes and that the resin or preparation will not be re-exported (Article 11);
>
> (4) "To exercise an effective control of such a nature as to prevent the illicit international traffic in Indian hemp and especially in the resin" (Article 11).[28]

The Restrictive Laws of 1925

The Egyptian government enacted early in 1925 a series of very restrictive laws aimed at curtailing the use of the drugs singled out at the Second Opium Conference: the substances derived from opium, coca leaves, and *cannabis*. Penalties increased drastically. A trafficker who previously was punished with a fine of one Egyptian pound ($4) and seven days imprisonment now risked a fine of 300 pounds and up to three years in jail. Repeaters could be even more severely fined and punished. Possession was punishable by a 100 pound fine and as much as one year in prison.

In 1926 opium cultivation in Egypt was declared illegal, but the ban was only partially respected and punitive measures failed to discourage drug

traders. The 1925 police reports state: "Despite the prosecution of 5,600 individuals in a year, the enormous profits to be made by the sale of cocaine and heroin continues to produce new traffickers, and an average of 60 arrests a week are made in Cairo alone."[29] One result of the new law was the soaring price of heroin: from 120 pounds per kilogram ($480) to 3,000 pounds ($12,000) in 1928, a time when, because of "its greater kick," heroin had taken the place of cocaine as the drug of choice.

Traffickers had large sums of money at their disposal to bribe law enforcement officials, to support a large network of courriers, and to offset any large seizures by raising the price of the available supplies. Furthermore, the purveyors and manufacturers of heroin based in Europe or Turkey and the Europeans in Egypt were not liable under Egyptian law. They could be judged only by special tribunals—the system of Capitulations devised by the British Protectorate, one of "the most important factors which encouraged certain foreigners to venture into the lucrative drug trade."[30]

For Russell, stopping the import of heroin through concerted international efforts was the obvious way to curtail its widespread availability in Egypt. Such measures were urgently needed since addicts had discovered the most exhilarating, but also the most destructive, intravenous way of using heroin.

The Intravenous Heroin Epidemic in Egypt (1925-30)

The unique orgasm-like rush, and the smaller amount required, is what makes the intravenous route preferable to all other methods, and this is true of cocaine as well. The method was first used on a large scale in Cairo; later addicted seafarers spread the method to seaports in other countries (in the United States this method became common only after 1930). At the height of the Egyptian epidemic, seizures increased, heroin became scarcer, often diluted by as much as 50%, and the price increased 25-fold. Even this did not deter the addict population, a clear indication that as long as the drug is available, even at high prices, craving addicts will use every possible means to obtain it.

A 1928 estimate showed that 8% of the entire male population, or about 500,000 out of a population of 14 million, used drugs of all kinds. Twenty-four percent of all Egyptian men between the ages of 24 and 40, or about 70,000, used heroin, mostly intravenously. Any observer could see addicts dragging about in the Bulaq slums of Cairo. Russell recalls,

> We began to find human wreckage laying about in the Bulaq lane. They were pale-faced semi-corpses. When spoken to, they replied in educated Arabic or even English and admitted that it was the heroin habit that had got them there. The Bulaq quickly filled with the human debris of every class of Egyptian society... working men, artisans, government workers, and even sons of well-to-do citizens.[31]

The addict population was frequently decimated by infections and malaria borne by the dirty syringes that passed from one person to another. From Cairo and Alexandria the habit spread to "every village in the country, to the peasant, the fellah, the villager...."[32]

A sample of 5,000 heroin users showed an average age of 26. Many ended in jail, where they comprised close to 30% of the prison population. With the continued flooding of the market with white drugs, Egypt was being "poisoned wholesale."[33] The government was powerless to overcome the compulsive attraction exerted by all kinds of drugs.

Besides heroin, hashish was also widely abused. In fact, in an about-face, Russell was the first to report an association between the prior use of hashish and subsequent consumption of heroin.[34] The largest seizure of hashish by customs and coast guard occurred in 1928: 18.6 tons smuggled from Greece, Syria, and Lebanon. A single valley in central Lebanon was estimated to have produced 60 tons earmarked for Egypt alone.[35] Fortunately, at the end of 1928 the articles enacted by the 1925 Geneva Convention on Narcotics were finally implemented.

Turning the Tide of the Heroin Epidemic: Russell and the Central Narcotics Intelligence Bureau

The Egyptian government created the Central Narcotic Intelligence Bureau (C.N.I.B.) in 1929, headed by Russell. He organized the first international intelligence network aimed at discovering the sources of the drugs imported into Egypt. Armed with this information, Russell was able to obtain, through the League of Nations, committments from member nations to curtail the export of heroin and cocaine. His personal appearances and admonitions stung the conscience of European delegates and goaded them into action. His 1930 speech to the Advisory Committee on Opium goes stright to the point: "Gentlemen, I ask you: is it fair that Europe should thus pour its tons of poison into my country? Europe is strict enough in its own countries to prevent their ruination by drugs. I appeal to all manufacturing countries to think of the ruin and misery that is being caused Egypt...."[36]

Russell's next objective was to increase harassment of drug traffickers in Egypt to such an extent that retail prices would rise beyond what the fellah

could pay. Although agreements between Egypt and other countries (the Capitulations) allowing foreigners to escape local laws were still in effect, consular authorities were able to arrest and deport foreign nationals, and 10,000 local traffickers and addicts were thrown in jail. As heroin became scarce, it became so diluted that the fellah refused to buy. Another factor, the worldwide depression of 1930, also reduced drug sales by reducing everyone's income. The new policy was so successful that in 1931 Russell announced a 50% decrease in heroin addiction since his report the year before. He praised the role of the League of Nations, "Thanks to the work of the League and to the general tightening up of the controls in Europe, the stream of illicit drugs into Egypt is limited to those coming from Istanbul."[37]

Russell finally convinced the government of Turkey, in 1932, to ban illicit manufacture of heroin and to limit cultivation of opium to medical and scientific purposes. Turkey also prohibited cultivation of *cannabis* as Greece had done a year earlier.[38,39]

Five years after the creation of the C.N.I.B., Russell reported a marked decrease in convicted addicts: from 5,681 in 1924 to 674 in 1934; and among prisoners from 78% addicted to heroin or cocaine down to 14%.[40] In 1935 total seizures of illegal drugs amounted to 247 kilograms, leading Russell to state: "Drug addiction in Egypt has been reduced enormously . . . but there is a danger of thinking that the peril is past. . . . Widespread addiction would start again in the country if illicit drugs became available and if wages rose to former levels."[41] In this last sentence, Russell picks out two of the main factors associated with a major epidemic of addiction: drug availability and unprecedented economic prosperity, factors again present in the Western World today.

A final obstacle to drug control was overcome when in 1937 the end of the Capitulation Treaty made it possible to prosecute foreign traffickers as vigorously as native ones. As heroin consumption decreased, however, in upper Egypt domestic cultivation of the poppy and *cannabis* plants increased. "The high price of the white drugs and the intensification of the campaign against traffickers compel addicts to look for a substitute. If heroin remains scarce and its price prohibitive for most of them, they will try to get opium."[42] The C.N.I.B. instituted air patrols to identify and destroy poppy fields in the Upper Nile Valley. Because of Turkey's ban, Syria and Lebanon then became the main areas of cultivation and production of hashish and the principal suppliers for Egypt. Bedouins of the Sinai, among the "poorest of God's creatures," smuggled the drug across the desert to the

Suez Canal.[43] Amounts reaching Egypt were limited, however, by police confiscation of the drug.

The Second World War and the End of Russell's Crusade

The Mediterranean became a war zone during World War II (1940-45). Commercial navigation was interrupted and heroin supplies were cut off, never again to surface as an important drug on the Egyptian market. Consumption of hashish and opium increased, however, during the same period. Imported from Syria and Lebanon on military or civilian trucks driven daily through Palestine, these drugs were used only by the native population and sparingly at that because of their cost. The many Allied soldiers who passed through the country, unfamiliar with such drugs, had little inclination to use them. Then too, morale was high; a crucial struggle was on.

Russell attributed the decline of hashish and opium use among the native population to the rise in prices. Although economic conditions had improved with the employment opportunities provided by Allied military forces, the drugs were still too expensive for most laborers. Russell commented, "The country has not been cured of its desire for drugs; the drugs have merely been put out of its reach; bring these drugs again within the range of its purse, and the country will once again fall for them."[44]

Another factor restraining drug consumption was a general consensus among the Egyptian elite that addictive drugs had an overall damaging effect. The Grand Mufti of Cairo issued a religious decree (*fetwa*) prohibiting the consumption of hashish and other drugs, equating them with alcohol, already banned by the *Koran*. "There can be no possible doubt that the use of these substances is illegal inasmuch as they are productive of great physical evils and of many other evils and that they corrupt the mind and undermine the body."[45]

After the British and French military forces destroyed *cannabis* crops in Syria and Lebanon in 1943, hashish availability in Egypt decreased further. The C.N.I.B. applied its successful heroin control policy to hashish by eliminating the drug's supply at the source. With the destruction of hashish crops, the price became prohibitive.

When Russell retired as director of the C.N.I.B. in 1946, one year after the end of World War II, the consumption of white drugs, so prevalent 20 years before, had nearly disappeared. Although hashish was still in evidence, consumption was less (seizures of the drug in 1946 amounted to 2.1

tons, down from 18.7 tons in 1927). Russell's achievement earned him the title of Pacha, the Egyptian government's highest honor bestowed on a foreigner. He had used the only proved method: the elimination of the contaminating agent wherever it can be found, including foreign sources. His relentless efforts were exerted both on the national and international level, and the resulting control and dismantling of the heroin trade set an example of joining a national purpose with international cooperation. His creation and direction of the C.N.I.B., the first of its kind, carried out his goal of eliminating white drugs from his adopted country.

But Russell's fight against black drugs was not as effective, although the C.N.I.B.'s measures against hashish smuggling and cultivation did result in a considerable decrease in consumption.

The Post-World War II Period and the Revolution of Gamal Abdel Nasser

During the period following World War II, the amount of hashish confiscated rose again. Convictions for possession and trafficking doubled to over 3,000 in the same year (most users belonged to the poorer classes). Repressive measures remained an official policy. A permanent Anti-narcotics Bureau of the Arab League was instituted in 1950, modeled after Russell's C.N.I.B. Its aim was to suppress poppy and *cannabis* cultivation and the illicit traffic and manufacture of drugs extracted from these plants throughout the Arab states.

Following the overthrow of King Farouk in 1952, General Mohamed Neguib headed the Revolutionary Council of the Egyptian Republic. Two years later, Colonel Nasser succeeded him. As part of his determination to make his country totally independent from foreign powers and to lead it from underdevelopment into the 20th century, Nasser continued strict enforcement of the antidrug laws, strengthening them to include life imprisonment and heavy fines for traffickers, and a minimum of six months in prison for personal use of an illicit drug. Under the aegis of the National Center for Social and Criminological Research, he appointed a committee of scholars to perform a detailed study of the effects of hashish consumption on the Egyptian population. Within the Ministries of the Interior and Public Health were established antinarcotic administrations, and a coordinating authority was created in the Ministry of War and Marine to combat drug smuggling.

Nasser's revolutionary council was intent on decreasing the number of

addicts through severe law enforcement, education, and improvement of the people's economic conditions. When 18 tons of hashish were seized in 1958, most smuggled from Lebanon and Syria, relations between Egypt and these countries became strained. Penalties against hashish users increased in stages, and even the intent to use the drug was penalized. Despite these measures, the problem of black drugs "continued to baffle all Egyptian efforts to combat it."[45] So penalties were increased again in 1966: a traffiker in narcotic drugs received either the death penalty or hard labor for life and a fine of $17,000 to $25,000 for profits derived from smuggling. Hard labor for life was the penalty "for establishing a place for illicit usage of the drug or for offering it for consumption free of charge."[46]

Such drastic measures did limit consumption of hashish. In 1894, when the country's population was 12 million, it consumed an estimated 65 tons of hashish, more than twice the 1967 figure of 27 tons when Egypt's population had more than doubled. This decline was even more pronounced during the 10-year span following the setting of severe penalties and the increased anti-smuggling measures by Nasser's Revolutionary Council. Between 1958 and 1967, although the population expanded by 5 million, the number of hashish users declined by more than half. In 1967 37% of the prison population was serving sentences related to violations of the drug laws.

The Soueif Studies of Chronic Hashish Users

In 1957 President Nasser appointed a committee of scholars to study the effects of hashish consumption on the Egyptian population. This study was conducted between 1958 and 1962 by the National Center for Social and Criminological Research in Cairo, under the direction of Professor I.M. Soueif. This was the first study conducted by trained psychologists using standardized methods of sampling, interviewing, and analysis. A group of 850 *cannabis* users was matched with a group of 839 controls studied in a prison population.[47,48,49] On objective testing, controls obtained significantly better scores than comparable hashish users on most tests of speed and accuracy of psychomotor performance and memory span for digits and designs.

The differences in these tests were positively correlated to the level of education of the comparable groups: the higher the educational achievement, the larger the discrepancies. A positive relationship was established between duration of hashish use and opium taking, and it was reported that *cannabis* takers craved for agents acting on the central nervous system more than did controls.

The study has been sharply criticized by Fletcher and Satz[50] on methodological grounds.

The choice of a prison population as representative of the Egyptian culture as a whole is questioned. However, such a population does live under controlled, drug-free conditions. It further reflects the population of hashish users which in Egypt belong to the lower economic class. Such a population is more homogenous than the mixed group of "pastoralist escapists, street walkers and stable smokers" studied by Fletcher and Satz in Costa Rica. There was no other way in Egypt to study a large group of sober hashish users, because of the severe legal repression against *cannabis* consumption.

Fletcher and Satz find it hard to comprehend that deficits among Egyptian hashish users are more likely to arise among younger users. It has been observed the world over that adolescent brain is more vulnerable to the disrupting effect of cannabis on hypothalamic and memory (hippocampal) functions.

Fletcher and Satz also object that hashish smokers had consumed opium, and were greater users of alcohol than controls. Soueif replied, "We have shown that users who had taken opium in addition to cannabis did not change their test performance when compared to cannabis users only." All subject controls as well as "users" in the Egyptian study had not used any drug for weeks before the tests were performed, unlike studies performed by Fletcher and Satz and by Rubin and Comitas.

Fletcher and Satz question the conclusion that deficits in brain function are related to educational achievements: the lower the literacy level, the smaller the size of the measured deficit. This observation could have been caused by inadequately matching users with the controls, who included a greater number of educated subjects, and a "floor effect" might have flawed the Egyptian study, an effect that occurs when a test is too difficult for the sample to which it is administered. Soueif[51] labels this criticism "either irrelevant or unfounded," and exhorts his critics to duplicate the Egyptian study by using similar methods and techniques.

The Debate on the Use of Criminal Law in the Deterrence of Hashish Use

Despite harsh penalties, there still remained a hard core of hashish addicts, mostly poor farmers and laborers who created enough demand for the drug to support illicit cultivation and smuggling. The question now became,

could this hard core be contained at its present level if harsh penalties were eased?

Three factors had been overlooked in emphasizing such strict repression against hashish users. First, unlike the legislators, hashish users did not perceive their habit as disgraceful, harmful, or antisocial. Second, hashish users believed that, unlike alcohol, hashish was not contrary to their religious beliefs. They were outraged to see that Egyptian civil law condoned alcohol whereas it prohibited hashish. Third, the miserable social conditions were perhaps what caused the people to seek escape through drugs.[52]

Because of the primary importance of the social and cultural milieu in determining the pattern of individual behavior, any further decline of hashish consumption in Egypt would require long-term economic and educational policies aimed first at improving the status of the poor and second at bringing their goals and ideals closer to those of the middle class.

Another aspect to the debate was the recommendation for "a new classification of drugs with offences scaled accordingly."[53] At the present time, however, Egypt still enforces legislation that represses use and consumption of narcotic drugs, regardless of their nature. There is a fear that the establishment of distinctions between drugs of abuse would be misinterpreted by the public, and that singling out hashish as a lesser evil would provoke an increase in its consumption beyond tolerable levels. In addition, hashish has too close an association with economic stagnation.

Since 1960, the newer dependence-producing psychotherapeutic drugs, such as barbiturates, tranquilizers, and amphetamines, have become very popular in Egypt.[54] Their consumption increased fivefold between 1962 and 1968. These drugs are now strictly regulated to prevent diversion for recreational use. The more potent are included in the schedule of narcotic drugs and are subject to the restrictions stipulated by the Egyptian antinarcotic legislation. Nonetheless, according to Soueif, psychotropic medications are being abused on a large scale, often through overprescription by physicians. Yet, Galal, General Director of the Research Control Center of the Egyptian Organization for Pharmaceuticals, states that "dependence on hashish still represents the main challenge in the control of dangerous drugs in Egypt. Dependence resulting from its continuous use has obvious social and medical effects."[55]

A Conclusion for our Time

A number of tentative conclusions might be drawn from the study of hashish use in Egypt over the past two centuries.

The social acceptance of *cannabis* use among the Egyptian people, especially among the lower classes, resulted from century old cultural traditions reinforced by the pleasant effects produced by consumption of this drug. While the holy *Koran* banned explicitly the usage of alcohol, man's ubiquitous intoxicant, it did not mention *cannabis*, one more reason for the Islamic people to indulge in the only cheap intoxicant available to them.

The educated classes and responsible leaders of Egypt condemned the usage of hashish because of its apparent damaging effect on their society: decreased productivity, social fragmentation and stagnation, and increased incidences of mental illness were attributed to hashish usage by Egyptian social reformers. While they were able to limit hashish consumption to a small section of the laboring class by severe repressive measures, they were not able to eliminate its usage as they did heroin and cocaine.

The first epidemic in the world of intravenously administered heroin and cocaine occurred in Egypt in 1925, at a time when these drugs were cheap and sold over the counter in the large cities. Tens of thousands were affected, and the epidemic was contained by repressive measures that eliminated domestic cultivation of opium and suppressed illegal traffic of heroin and cocaine. Suppression of traffic was only made possible through international cooperation and implementation of the League of Nations International treaties.

Like other nations in the modern world, Egypt must also deal with controlling the recreational use of psychotherapeutic drugs, such as tranquillizers, barbiturates, and amphetamines. The Egyptian experience illustrates the primary importance of the cultural and social milieu in establishing controls to limit the use of *cannabis* and other addictive drugs.

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